

# Request for Use of Grace Chapel for a Wedding

Date of Request: \_\_\_\_\_

Time and date requested for wedding: \_\_\_\_\_

Acceptable alternate dates (if any): \_\_\_\_\_

Rehearsal time and date: \_\_\_\_\_

**Bride:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Parent's name and contact information: \_\_\_\_\_

\_\_\_\_\_

Church affiliation: \_\_\_\_\_

**Groom:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Priest that you request to perform ceremony: \_\_\_\_\_

His/Her Parish: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\*\*\*\*\*Note that the Rector of St. Johns must approve visiting clergy\*\*\*\*\*

Communion: yes: \_\_\_\_\_ no: \_\_\_\_\_

Anticipated attendance: \_\_\_\_\_

(100 persons maximum inside and on the porch of the chapel)

Priest who will perform premarital counseling: \_\_\_\_\_

Contact information if not same as priest performing ceremony:

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Wedding Planner-name and contact information: \_\_\_\_\_

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Please provide any additional information that we might use in evaluating your request. Use additional sheets as necessary. If any requested information is not yet known, so state and provide the information when you have it.

Return to:

Grace Chapel Committee  
St. John's Parish  
P.O. Box 125  
John's Island, S.C. 29457